Name in Full: Nancy Bidwell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wye Mills — County: Queen Anne

Date of death 190 4: Month: Feb. — Day: 22 — Years: Age 15 — Months: 6 — Days: 7

Sex: Female — Color or Race: Colored — Birthplace: Queen Anne Co.

Married, Single or Widowed: Single — Occupation: Housekeeping

Name of Wife or Husband:

Father's Name: Jacob Bidwell — Father's Birthplace: Talbot Co.

Mother's Maiden Name: Hester ~~Bidwell~~ Cornish — Mother's Birthplace: Talbot Co.

Name of person giving In formation: Jacob Bidwell — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: seven months

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Forstall Dix M.D.

Address: Wye Mills.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A6661a

Name in Full: James Cox

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bardley — County: Queen Anne

Date of death 1904 — Month: 2 — Day: 27 — Age: Years 5-2 — Months — Days

Sex: Male — Color or Race: White — Birthplace

Married, ~~Single~~ ~~or Widowed~~ — Occupation: Merchant

Name of Wife ~~Husband~~: Mollie V Cox

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

27

CAUSES OF DEATH

Primary: Tuberculosis of Lungs — How long: Several Years

Immediate: " " " and Hemorrhage — How long: Six months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fowler Sudler

Address: Sudbrooke Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A8691G

Name in Full: Hannah Delahay

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Queenstown; County: Queenan

Date of death: 1904; Month: Feb; Day: 18 Thursd; Age: Years 74; Months 4; Days 20

Sex: Female; Color or Race: White; Birthplace: Talbot Co

Occupation: Retired; Where Residing if not at place of death: Queenstown Md

Married, Single or Widowed: widdow; Name of Husband: Thomas S Delahay

Father's Name: John Porter; Father's Birthplace: Talbot Co

Mother's Maiden Name: Margrt Porter; Mother's Birthplace: " " Co

Name of person giving Imformation: W T Leeds Secty; How related to deceased: Some

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism; How long: Nine years

Immediate: General exhaustion; How long: Nine years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Homer D R. Hopkins

Address: Queenstown Md.

Accident or Suicide?

LIBRARY BUREAU A98516

Name in Full: John Emory

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: MarCentreville; County: Queen Anns

Date of death 190 4: Month: Feby.; Day: 20th

Age: Years: 70; Months: 3.; Days:

Sex: Male; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: Married; Occupation: Farming

Name of Wife or Husband: Lottie Wright

Father's Name: Wm Emory; Father's Birthplace: Md.

Mother's Maiden Name: 29.; Mother's Birthplace:

Name of person giving Information: Friend; How related to deceased: not related

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart disease; How long: 2 years

Immediate: General Exhaustion; How long: 3 weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. Bordley Jr. M.D.

Address: Centreville, Md.

Cause of Suicide?

LIBRARY BUREAU A66316

Name in Full Julia A Fut. Certificate of Death

Died at Town Church Hill County Queen Anne's MARYLAND

Date 19 04 Month 2 Day 22 | Age Y. 32 M. — D. — | Native of Md | Occupation Housekeeper

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living —

Husband of Wife Medford Fut

Father's Name Samuel Thompson Mother's Maiden Name Francis Merchant

Cause of Death: Primary Pul monary Tuberculosis How long sick 2 yrs 0 mos

Immediate Exhaustion, Asphyxia,

~~Accident, Suicide, Homicide~~

Reported by J. H. W. Meador

Address Church Hill, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Frankfurt

Name in Full: Alie Fletcher

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Town | County: Queens

Date of death 1904 | Month: 2 | Day: 16 | Age: Years: 1 | Months: 11 | Days: 16

Sex: Female | Color or Race: Colard | Birthplace: Pontown

Married, Single or Widowed | Occupation

Name of Wife or Husband

Father's Name: albert Fletcher | Father's Birthplace: Dorchester Co Md

Mother's Maiden Name: anna Reasons | Mother's Birthplace: Pontown

Name of person giving information | How related to deceased

2179

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Possibly worm fever | How long: not certain

Immediate: Uncertain, said child one | How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fowler Sudler

Address: Sudlersville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Susie Granger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Centreville — County: Queenanne

Date of death: Month: Feb. — Day: 5 — Year: 1904 — Age: Years: 17 — Months: 2 — Days: 2

Sex: Female — Color or Race: Negro — Birthplace: Queenanne Co

Occupation: Work in family — Where Residing if not at place of death: Near Centreville

~~Married~~, Single or ~~Widowed~~ — ~~Name of Wife or Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Fred Granger — Father's Birthplace: Florida

Mother's Maiden Name: Nancy Bryan — Mother's Birthplace:

Name of person giving Imformation: John S Bryan — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sickly — How long: 9 years

Immediate: Consumption — How long: one Month

Are the name, age, sex, color, date and place correctly given above? they are supposed to be

Signature of Physician: None

Address: Jos. G. Dawson F. D. Centreville Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Barclay (County) Q. A.

Date of death 1904 (Month) 21 (Day) 25

Age (Years) Still born (Months) (Days)

Sex Female Color or Race Black Birthplace Near Barclay

Married, Single or Widowed Babe Occupation

Name of Wife or Husband

Father's Name Brown Known S. Father's Birthplace

Mother's Maiden Name Caroline Hall Mother's Birthplace Md

Name of person giving In formation Nathan Hall How related to deceased Grand father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary How long

Immediate Still Born How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Das Brookhart

Address Ingleside Md

Accident or Suicide?

LIBRARY BUREAU A0S516

Name in Full: Lyndia Hartnett

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Hab-town — (County): Queen Annes

Date of death 1904: Month 2, Day 8 — Age: Years 24, Months —, Days —

Sex: Female — Color or Race: White — Birthplace: Delaware

Occupation: housework — Where Residing if not at place of death: — —

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or Husband:

Father's Name: Joseph Shahan — Father's Birthplace: Delaware

Mother's Maiden Name: Lucy Green — Mother's Birthplace: Delaware

Name of person giving Information: Charles A. Stone — How related to deceased: no

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: one year

Immediate: Tuberculosis — How long: one year

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. R. Smith D. T. Richards Coroner

Address: Templeville Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Rosa Hawkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Centreville; County: Queen Annes

Date of death: 1904; Month: 2; Day: 24; Age: 15 Years 5 Months Days

Sex: Girl; Color or Race: Colored; Birthplace: Browns Ville

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: unknown; Father's Birthplace:

Mother's Maiden Name: Rosa Hawkins; Mother's Birthplace:

Name of person giving Imformation: Coroner's Jury; How related to deceased:

153

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Suffocation; How long:

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: R. Hopper Smith Coroner

Address: Centreville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Howard Horney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: N. E. Point — County: Queen Anne

Date of death: 1904 — Month: 2 4 — Day: 24

Age: Years: 35 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death: N. E. Point

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Noah Horney — Father's Birthplace: Md

Mother's Maiden Name: Martha Harris — Mother's Birthplace: Md

Name of person giving Imformation: Mrs. Wheeler — How related to deceased: 2nd Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 4 yrs

Immediate: Exhaustion — How long: 2 or 3 Days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible]

Address: Centreville Md

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88616

Name in Full: John D. Kirby

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Guys — County: 2a

Date of death 1904: Month: Jan — Day: 2 — Age: Years: 73 — Months: 2 — Days:

Sex: Male — Color or Race: White — Birthplace: Piney Neck

Occupation: Retired Farmer — Where Residing if not at place of death: Guys

Married, ~~Single~~ or Widowed — ~~Name~~ of Wife or ~~Husband~~: Annie Kirby

Father's Name: Same Kirby — Father's Birthplace:

Mother's Maiden Name: Mary Carnie — Mother's Birthplace: K Island

Name of person giving Imformation: Annie Kirby — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Systitis 123 — How long: 1 year

Immediate: Exaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W E Bowman

Address: Londonton

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Anna Mahlah Catherine Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Centreville; County: Queen Annes

Date of death: Month: 2; Day: 18; 1904

Age: Years: 55; Months: —; Days: 27

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: Housework

Where Residing if not at place of death: At place of death

Married, Single or Widowed: Married

Name of ~~Wife or~~ Husband: James H Fisher

Father's Name: Jerome Cathope

Father's Birthplace: Md

Mother's Maiden Name: Sarah Adkins Barwick

Mother's Birthplace: Md

Name of person giving Information: James H Fisher

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation & Aortic Stenosis — How long: 4 yrs

Immediate: Heart Failure — How long: about one minute

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thomson MD

Address: Centreville, Queen Annes Co, Md

Accident or Suicide? No

LIBRARY BUREAU A8818

Name in Full: Charles McGrogan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Church Hill — County: Kent

Date of death 190 4: Month: 2 — Day: 15 — Age: Years: 14 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband:

Father's Name: James McGrogan — Father's Birthplace:

Mother's Maiden Name: Susan Erwin — Mother's Birthplace:

Name of person giving information: Edward McGrogan — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Pneumonia — How long: Ten days

Immediate: Asphyxia — How long: 3 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. S. Dudley M.D.

Address: Church Hill Maryland

Accident or Suicide?

LIBRARY BUREAU A88519

C. H. Calhoun. Comdg.

Transfd

Name In Full

Certificate of Death

Mrs Lydia Maycogard

Died at Town: Church Hill County: Queen Anne's MARYLAND

Date 1904 Month: Feb Day: 28 | Age Y. 51 M. — D. — | Native of | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

~~Husband~~ Wife of James Maycogard

Father's Name — Mother's Maiden Name —

Cause of Death: Primary — Typhoid Fever

Immediate — perforation

How long sick 6 Wks

Accident, Suicide, Homicide

Reported by W. S. Dudley MD

Address Church Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Transferred

Name In Full

Certificate of Death

Mary L. Meredith

Died at Town: Church Hill County: Queen Anne's MARYLAND

Date 1904 Month: 2 Day: 8 | Age Y.: 24 M.: 1 D.: 4 | Native of Md. | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name: William Marshall | Mother's Maiden Name: Fannie Burchard

Cause of Death:
- Primary: Leucocythaemia (Splenic) 16 mos. | How long sick: 2 years, 3 mos. in abnormal
- Immediate: Blood Starvation 2 days

~~Accident, Suicide, Homicide~~

Reported by: J. H. H. Weedon

Address: Church Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 708

C. Neil

Transfd

Name in Full: James H. Pearson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town near Ralphs Wharf. County Q. A. Co.

Date of death 1904: Month Feb. Day 2 Age: Years 73 Months — Days —

Sex: male Color or Race: White Birthplace: Pa.

Married, Single or Widowed: married Occupation: Musician

Name of Wife or Husband: Mary E. Pickerson

Father's Name: John Pearson Father's Birthplace: England

Mother's Maiden Name: Mrs. Emma Cardwell Mother's Birthplace:

Name of person giving information: Mary E Pickerson How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis How long: 3 hours

Immediate: Heart-Failure How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N. G. Cropper

Address: Church Hill Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A93516

Frankfurt

A. Klemm

Name in Full: Bertha F Phillips

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Barclay; County: Queen Anne

Date of death 190: Month: 2; Day: 2; Age: Years: 20; Months; Days

Sex: Female; Color or Race: Caucasian; Birthplace: Barclay

Married, Single or Widowed; Occupation: Nurse

Name of Wife or Husband

Father's Name: Jno T Phillips; Father's Birthplace: Barclay

Mother's Maiden Name: Elizabeth Coursey; Mother's Birthplace: Barclay

Name of person giving Information: Mrs Barnes; How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs; How long: 15 months

Immediate: Exhaustion; How long: Several days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Foster Sudler

Address: Sudlersville Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: William Reed

CERTIFICATE OF DEATH

MARYLAND

Died — Town: near Centreville — County: Queen Anne's

Date of death: 1904 — Month: 2 — Day: 5 — Age — Years: 63 — Months: 3 — Days: 5

Sex: Male — Color or Race: White — Birthplace: Queen Anne's Co

Occupation: Farmer — Where Residing if not at place of death: near Centreville

~~Married~~, Single or Widowed — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Reed — Father's Birthplace: Maryland

Mother's Maiden Name: Anna Smith — Mother's Birthplace: Maryland

Name of person giving Imformation: Thomas Reed — How related to deceased: Son

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 3 days

Immediate: Heart Failure — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Centreville Queen Anne's Co

Accident or Suicide? No

LIBRARY BUREAU A88016

Name in Full: Annie South

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Winchester; County: Carroll

Date of death: Month: 2; Day: 4; 1904

Age: Years: 38; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Penn

Occupation: House work

Where Residing if not at place of death: Winchester

Married, ~~Single~~ Widowed

Name of ~~Wife~~ or Husband: Millard South

Father's Name: Same Colliflower

Father's Birthplace: Penn

Mother's Maiden Name: Annie Anders

Mother's Birthplace: " "

Name of person giving Imformation: Millard South

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ~~Phthisis~~ Hemorrhage Pulmonalis

How long:

Immediate: Phthisis Pulmonalis

How long: Several years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard R. Hopkins

Address: Uniontown, Md.

Accident or Suicide?

LIBRARY BUREAU A66516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Thomas Taylor

Died at — Town: ____ County: Queen Anne

Date of death 1904 — Month: Feby — Day: 1st — Years Age: 87 — Months: ____ — Days: ____

Sex: Male — Color or Race: White — Birthplace: Queen Anne Co.

Married, Single or Widowed: Widower — Occupation: Farmer

Name of Wife or Husband: ____

Father's Name: Thomas Taylor — Father's Birthplace: Queen Anne Co

Mother's Maiden Name: ____ — Mother's Birthplace: ____

Name of person giving Information: Martha R. Jones — How related to deceased: Daughter

1544

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Age — How long: ____

Immediate: Exhaustion — How long: ____

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. P. Fountain M.D.

Address: Millington Md

Accident or Suicide? ____

LIBRARY BUREAU A66516

Burial at Holdens.

Name in Full: William T. Test

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Church Hill — County: Queen Annes

Date of death 1907: Month: Feb — Day: 22 — Age: Years: 64 — Months: 9 — Days: 1

Sex: Male — ~~Color or~~ Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Mail Contractor

Name of Wife or Husband: Jane Parson Test

Father's Name: Wm N. Test — Father's Birthplace: —

Mother's Maiden Name: Matilda Jones — Mother's Birthplace: —

Name of person giving In formetion: Mrs Jane Test — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma — How long: 2 months

Immediate: Asthenia — How long: 1 week.

Are the name, age, sex, color, date and place correctly given above? Yes

Signeture of Physician: M. G. Coppage

Address: Church Hill Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

A Kill Card
Transfer

Name in Full: No Name

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chester — County: Queen Anne

Date of death 1904: Month: 2 — Day: 14

Age: Years — Months — Days: 4

Sex: Female — Color or Race: Color — Birthplace: Kent Island

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband: Katie White

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob Wicks — Father's Birthplace: Kent Island

Mother's Maiden Name: Katie White — Mother's Birthplace: Kent Island

Name of person giving Information: Jacob Wicks — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full

Certificate of Death

Annie Elizabeth Preston

Died at Town Stevensville County Q.A. MARYLAND

Date 1904 Month Feb Day 22 Age Y. 70 M. D. Native of Md Occupation

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband of Wife

Father's Name Charles Baxter

Mother's Name Susan Lewis

Cause of Death: Primary General Debility — How long sick Short time

Immediate

~~Accident Suicide, Homicide~~

Reported by L. W. Henry, M.D.

Address Stevensville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, SERIES

Name in Full: Henry Woodlyn

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bentley — County: Queen Anne

Date of death 1904 — Month: 2 — Day: 24 — Age — Years: 79 — Months — Days

Sex: Male — Color or Race: Black — Birthplace

TO BE ANSWERED BY NEAREST FRIEND

~~Married, Single~~ or Widowed — Occupation: Farmer

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 2 days

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Foster Sudler

Address: Sudlersville Md

Accident or Suicide?

LIBRARY BUREAU A88216

Name in Full: Perry Woodley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Bentley — County: Queen Anne

Date of death 1904: Month: 2 — Day: 13 — Age: Years: 72 — Months — Days

Sex: Male — Color or Race: Black — Birthplace

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Isaac Woodley — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease — How long: 7 years

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Forest Dudley

Address: Centreville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: David Emly Wright

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chesterton County: Queen Annes

Date of death 1901: Month 9 Day 24

Age: Years 39 Months 3 Days 25

Sex: Male Color or Race: Color Birthplace: Kent Co Eng

Married, Single or Widowed: Occupation: Oysterman

Name of Wife or Husband: Charlotte Wright

Father's Name: Simon Wright Father's Birthplace: Kent Co Eng

Mother's Maiden Name: Charlotte Butler Mother's Birthplace: Kent Co Eng

Name of person giving Information: Jos Davis How related to deceased: Half Bro

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 1 yrs

Immediate: General asthenia How long: 2 mos

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Chas. E. Snyder

Address: Stevensville Md.

Accident or Suicide?

LIBRARY BUREAU A08010